

EXHIBIT 5
DATE 1-10-07
dB 2

1. what are the outcomes . So what if we do these things.
2. where do we find the definition of recovery markers and what would they measure
3. why does transferring responsibility do anyway
need to put goal in how many will be served if get the waiver.
4. how many bed days will be provided if decrease the number of emergency detentions. Etc.
5. why is this a measurement and what is the outcome
6. how many slots
7. what does this measurement mean and what will be the outcomes
8. how many bed days provided and how much decrease in emergency detention, etc.
9. how much telemedicine is planned and what will be the outcomes that can be measured.
10. good
11. how will the outcomes be measured
12. what are the outcomes
13. I do not understand what the study will do – what will be the outcomes after the study is complete
14. no baselines
15. that's it- just step, what about all the other problems DOC has with prisoners going back into the communities- how is that going to be intergrated with DPPHS, *where are goals to control numbers At Warm Springs.*
16. no baseline
17. and if we do this- how measure the outcomes
18. what is baseline
19. no baseline
20. where are the goals of recidivism, recovery
21. where is the measurements of treatment success.
22. where are the baselines.

2007 BIENNIUM NEW PROGRAM IMPLEMENTATION AND PROGRAM EXPANSION

Program Expansion

There were no program expansions or major policy changes from the 2005 legislative session regarding this program.

FTE

Approval granted for 3.0 FTE in SFY 2006 and 2.0 additional FTE in SFY 2007. These positions are community program officers with a responsibility to represent the Helena central office; perform quality assurance and program monitoring; provide technical assistance to providers regarding department rules, policies, and procedures; and provide assistance to their respective Service Area Authorities. As discussed last session, these positions have been instrumental in the development of community crisis services proposals that are included in the mental health community services package that will follow.

2007 Biennium FTE Hire Dates	FTE	Date
69131701	1.0	11/14/2005
69131702	1.0	11/02/2005
69131703	1.0	11/14/2005
69131704	1.0	07/31/2006
69131705 (filled once -- currently vacant)	1.0	07/31/2006

The Mental Health Services Bureau provided outcome measures for the new Community Program Officer (CPO) positions. Three individuals were hired in November 2005; a fourth began on July 31, 2006. The fifth position (Miles City) was filled on July 31, but was vacated within 60 days. Recruitment efforts are underway to fill the position for eastern Montana. In proposing specific outcome measures, the Bureau failed to take into account the time that would be required to acquaint new employees with the adult mental health system including the statutes, rules, programs, providers, and communities. Nevertheless, in a relatively short period of time, the following has been accomplished: work with Local Advisory Committees, Service Area Authorities, county officials, and law enforcement to assist in the planning, development, and strengthening of community crisis systems; monitor implementation of Community Crisis Grant awardees; facilitate networking among agencies to leverage resources, both on an individual and system level; assist with program development including evidence-based practices; facilitate collaboration between agencies (children's mental health, Montana State Prison, Developmental Disabilities, Adult Protective Services, Senior & Long Term Care); participate in state planning groups (Service Area Authorities, Local Advisory Committees, Co-Occurring Change Agents); and Native American programs. The CPOs have also been available to work directly with individual consumers and families in need of assistance in assessing services. The CPOs completed a statewide survey of crisis response resources that will be made available to Local Advisory Committees and Service Area Authorities in FY 07 and 08. The new HCBS Waiver for persons with mental illness will be implemented in January 2007. CPO staff has primary responsibility for quality assurance and compliance monitoring for this waiver.

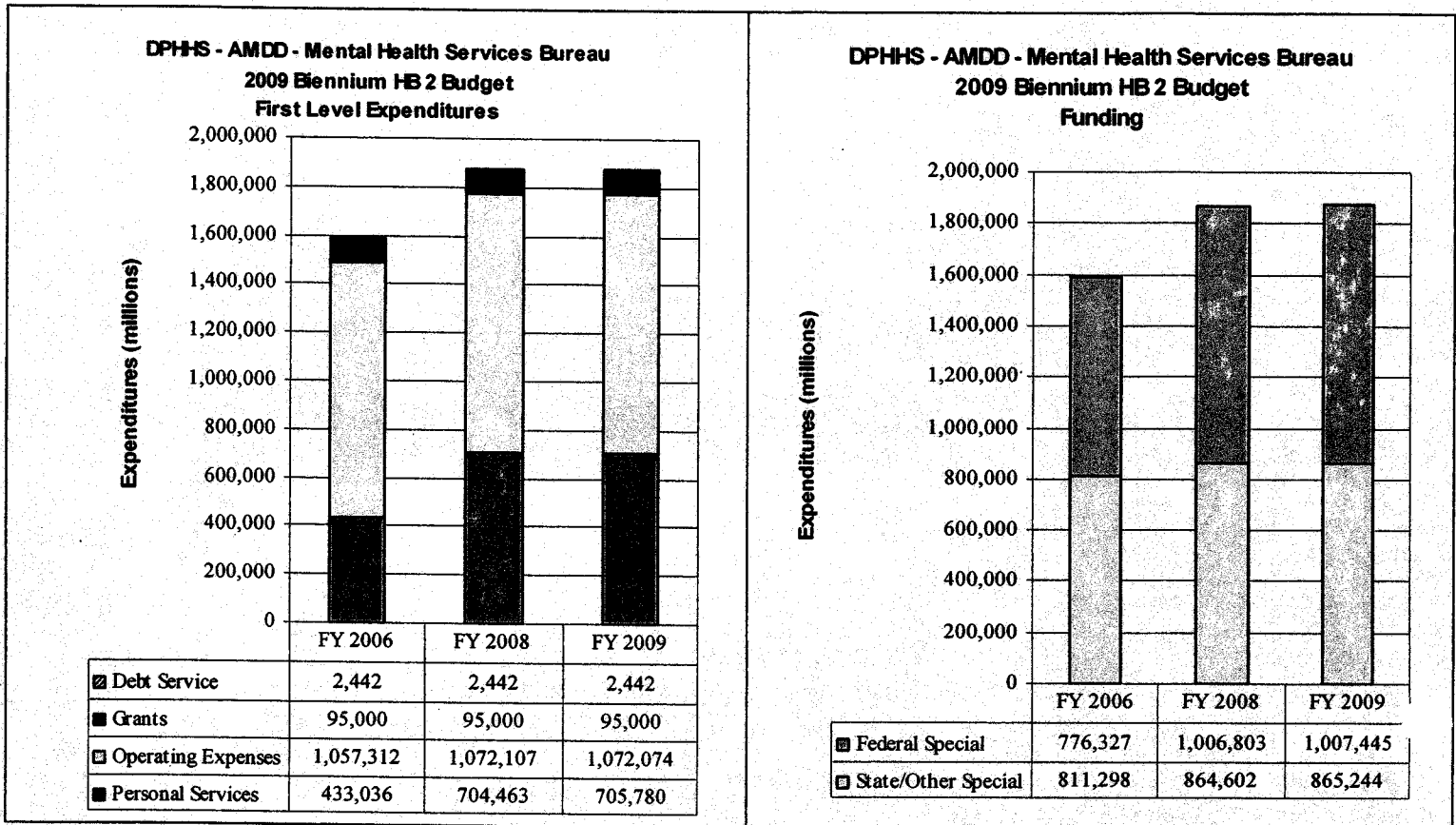
CORRECTIVE ACTION PLANS

Legislative Audit – 2005 Biennium

There were no audit recommendations resulting from the legislative and federal audit of the 2005 biennium for this program.

2009 BIENNIUM BUDGET

The following figures show the proposed HB 2 budget for the 2009 biennium.



The 2006 base presented is amended from the MBARS version to more fairly represent the comparative intent of the charts. An error in rollups of these reporting levels understated Mental Health Administration (6901-33-01-01) and overstated Mental Health Other Services (6901-33-01-04). A worksheet showing the changes to the represented base of each reporting level is attached

Goals and Measurable Objectives

The following figure shows the department base year and budgeted biennium goals and performance measures that are associated with the proposed 2009 biennium HB 2 budget.

Goal	Measurable Objectives
<p>To develop and support a community-based system of care for adults that is recovery-focused and consumer-driven.</p> <p>#1</p>	<p>By 2008, implement strength-based case management in all mental health centers who provide services to adults with serious mental illness.</p> <p>By 2008, develop structure for the delivery of peer specialist services.</p> <p>By 2009, evaluate new programs and treatment practices for introduction into the adult mental health system, including services for rural communities, telemedicine, and evidence based practices.</p>
<p>To improve the use of data in service delivery and management.</p> <p>#2</p>	<p>Implement reporting of recovery markers in two mental health centers in FY2008 and three additional mental health centers in FY2009.</p> <p>Develop fidelity measures for dialectical behavior therapy, strength-based case management, and co-occurring capability by FY2009.</p> <p>By 2008, define Data Infrastructure Grant data sets that assist w. program development.</p>

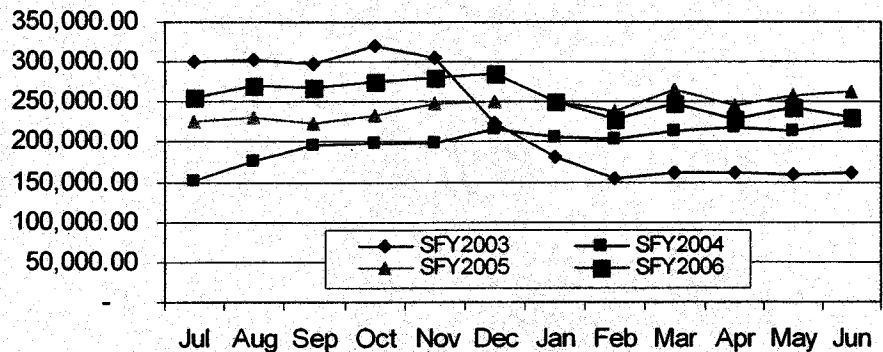
2007 BIENNIUM NEW PROGRAM IMPLEMENTATION AND PROGRAM EXPANSION

Program Expansion

- DP 3002 – Mental Health Services

The 2005 Legislature provided a biennial appropriation of \$6.5 million of tobacco tax funds for the provision of Mental Health Services Plan (MHSP) pharmacy and other services. Of the 5362 recipients of MHSP services in SFY 2006, 3459 received pharmacy services (65%), perhaps in addition to other services. In SFY 2006, \$3,152,605 was spent. It is expected that the balance will be spent in SFY 2007. The 2009 biennial request seeks to continue the SFY 2006 base amount each year. The reduced monthly cost in the second half of SFY 2006 is attributed to the effect of Medicare Part D.

**MHSP PHARMACY COST PER MONTH
SFY 2003 - SFY 2006**



- MHSP – Program of Assertive Community Treatment Slots

The 2005 Legislature approved the department request to utilize approximately \$1 million of 2004 MHSP base budget general fund to establish a source of funding for individuals with MHSP eligibility that could benefit from the services provided through the Program(s) of Assertive Community Treatment (PACT) programs operating in Helena, Billings, Missoula, Kalispell and Great Falls. In SFY 2006, the department spent approximately \$650,000 for MHSP eligible slots. The balance of the funds were transferred to other MHSP contracts and will be available for MHSP PACT services in the 2009 biennium.

- Crisis Stabilization Pilot Contracts

As discussed with the subcommittee last session, the department requested bids and awarded approximately \$875,000 in contracts to community programs to improve crisis stabilization services. Two bids were awarded to mental health programs in each Service Area Authority (SAA). These community pilot programs were funded:

<u>Program</u>	<u>Purpose</u>	<u>Cost</u>
Eastern Montana CMHC	Crisis Response, Suicide Care, Equipment	\$ 65,000
Center for Mental Health	Peer Support Services	\$ 163,908
Rocky Mountain Development Council	Crisis Response Team	\$ 207,984
South Central CMHC	Community Training	\$ 139,700
Western Montana CMHC – Butte	Peer Support and Crisis Stabilization	\$ 231,126
Western Montana CMHC – Hamilton	Peer Support Services	\$ 67,300

Approximately \$294,000 will be paid from SFY 2007 general fund.

FTE

There is no staffing associated with this reporting level or program.

2007 Biennium FTE Hire Dates	FTE	Date
NONE		

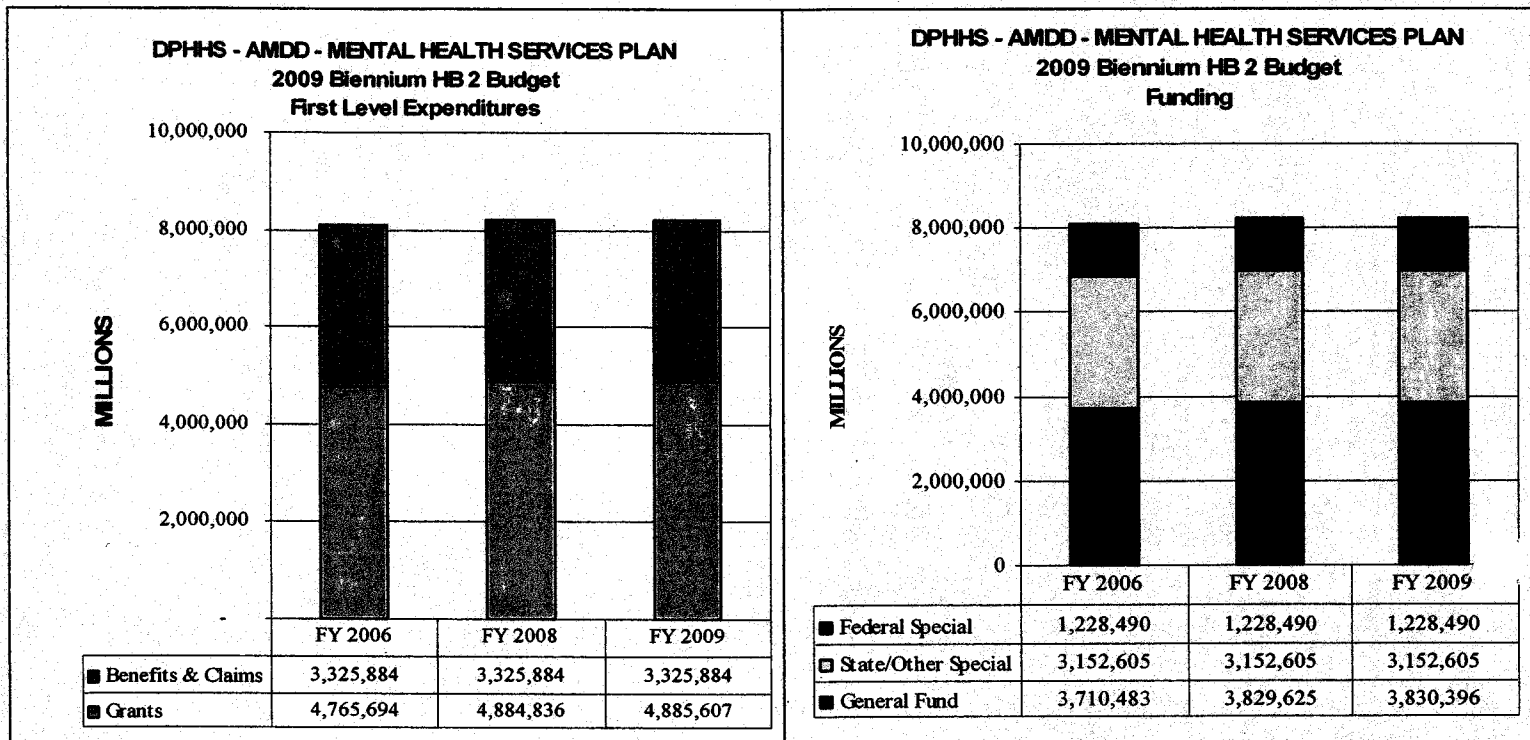
CORRECTIVE ACTION PLANS

Legislative Audit – 2005 Biennium

There were no audit recommendations regarding this program.

2009 BIENNIUM BUDGET

The following figures show the proposed HB 2 budget for the 2009 biennium.



Goals and Measurable Objectives

The following figure shows the department base year and budgeted biennium goals and performance measures that are associated with the proposed 2009 biennium HB 2 budget.

Goal	Measurable Objectives
<p>If approved, the Department's HIFA Waiver will require modifications to the MHSP eligibility and service delivery systems.</p> <p>#3 #5 helped intro</p>	<p>By 2008, transfer responsibility for determination of eligibility for MHSP to state-operated entity.</p> <p>By 2008, develop criteria for waiver eligibility including prioritization of individuals on waiting list.</p> <p>By 2008, identify plan of benefits for MHSP individuals who are not eligible for waiver.</p>
Re-procure contracts for delivery of services to MHSP beneficiaries	Develop Request for Proposals and award contracts in 2008.

- Develop Home and Community-Based Services (HCBS) Waiver

The department submitted a waiver application on September 18, 2006 and received notification of approval in late November with an implementation date of January 1, 2007. The 105 Medicaid slots use tobacco tax as match for the federal funds. Waiver services will be available in three areas of the state beginning January 1, 2007.

FTE

There is no staffing associated with this reporting level or program.

2007 Biennium FTE Hire Dates	FTE	Date
NONE		

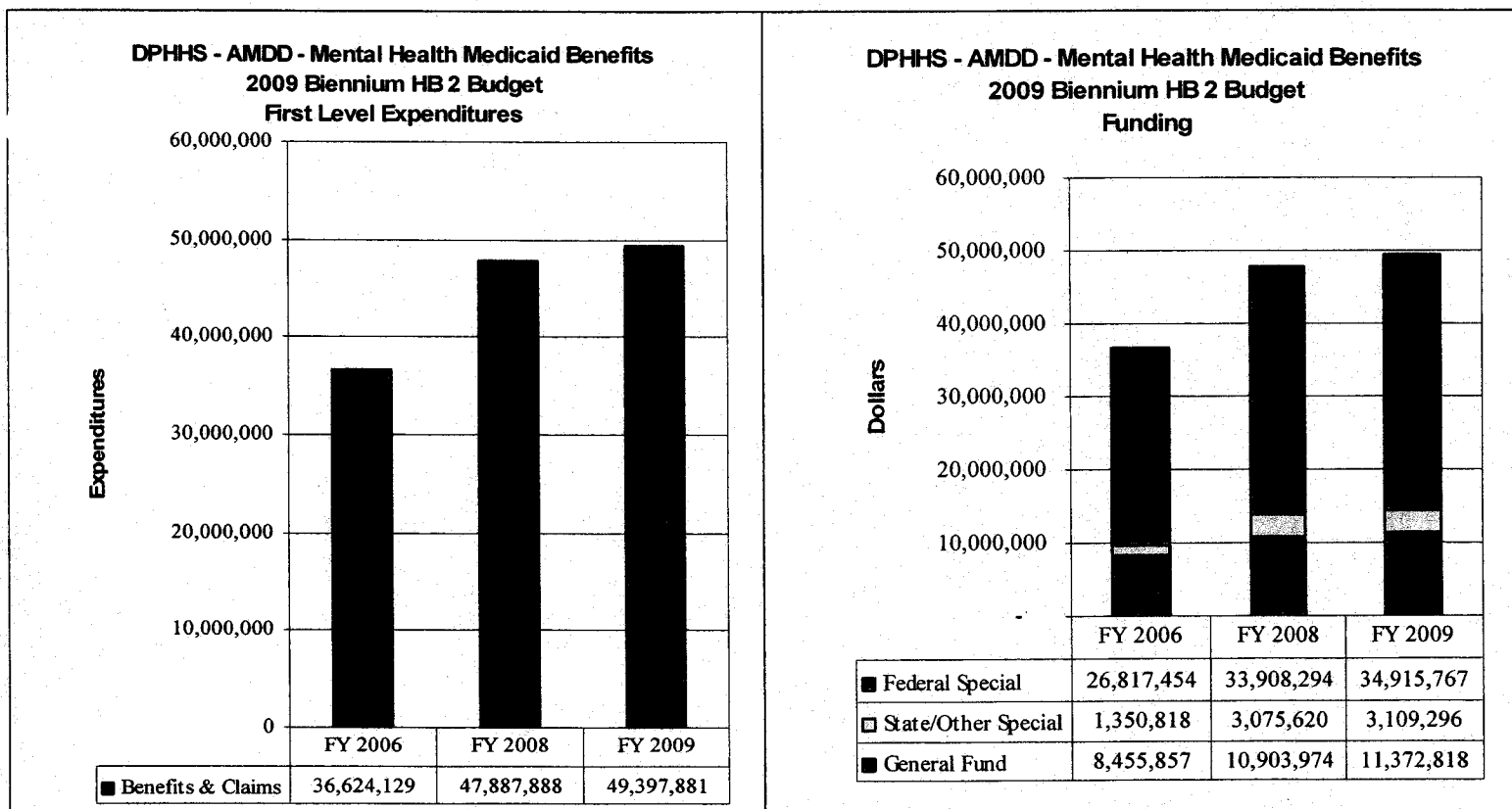
CORRECTIVE ACTION PLANS

Legislative Audit – 2005 Biennium

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2009 BIENNIUM BUDGET

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Goals and Measurable Objectives

The following figure shows the department base year and budgeted biennium goals and performance measures that are associated with the proposed 2009 biennium HB 2 budget.

Goal	Measurable Objectives
To increase capacity for community-based crisis services. 4	By 2008, increase in the number of bed days provided for the delivery of community crisis services, for Medicaid eligible individuals. By 2008, decrease in the number of emergency detention and court-ordered detention bed days at the Montana State Hospital.
To fully utilize funded service slots for intensive community based rehabilitation and program of assertive community treatment services. 5	By 2008, identify specific barriers to services implementation and fill slots.
To increase availability of community-based Medicaid services to individuals who otherwise would require nursing facility care. 6	By 2008, fully utilize all service slots.
To continue to foster the use of evidence based mental health practices. 7	Continued maintenance and support of specific services developed and implemented during previous biennium including DBT, ACT, strength-based case management, integrated dual diagnosis screening, assessment, and treatment during 2008 and 2009.

BUDGET AND POLICY ISSUES

The following budget or policy issues are included in the Governor's Budget:

PL 33401 – Medicaid FMAP Adjustment
 PL 33402 – Medicaid Caseload Adjustment
 PL 33414 – Annualize HCBS Waiver
 NP 33701 – Provider Rate Increase

SIGNIFICANT ISSUES EXPANDED

AMDD will continue to focus on programs and services that are directed toward recovery for individuals with serious mental illness. This is evident in continued development of evidence-based practices, the implementation of the HCBS Waiver, and the development of community-based crisis services. AMDD seeks to expand the capacity for community crisis response through the use of crisis stabilization beds, crisis intervention training for law enforcement officers, crisis response teams, and specialized training in evidence-based and promising practices for providers. Within the continuum of care, AMDD hopes to reduce the use of Montana State Hospital as a psychiatric detention facility and to develop the resources to retain individuals in crisis within the community until a clinically appropriate decision can be made regarding the need for acute psychiatric care.

Please refer to narrative provided in AMDD's information on the Mental Health Services Bureau, the Mental Health Services Plan, and Mental Health Services Other.

2007 BIENNIUM NEW PROGRAM IMPLEMENTATION AND PROGRAM EXPANSION

Program Expansion

There were no program expansions or major policy changes from the 2005 legislative session.

FTE

There is no staffing associated with this reporting level or program.

2007 Biennium FTE Hire Dates	FTE	Date
NONE		

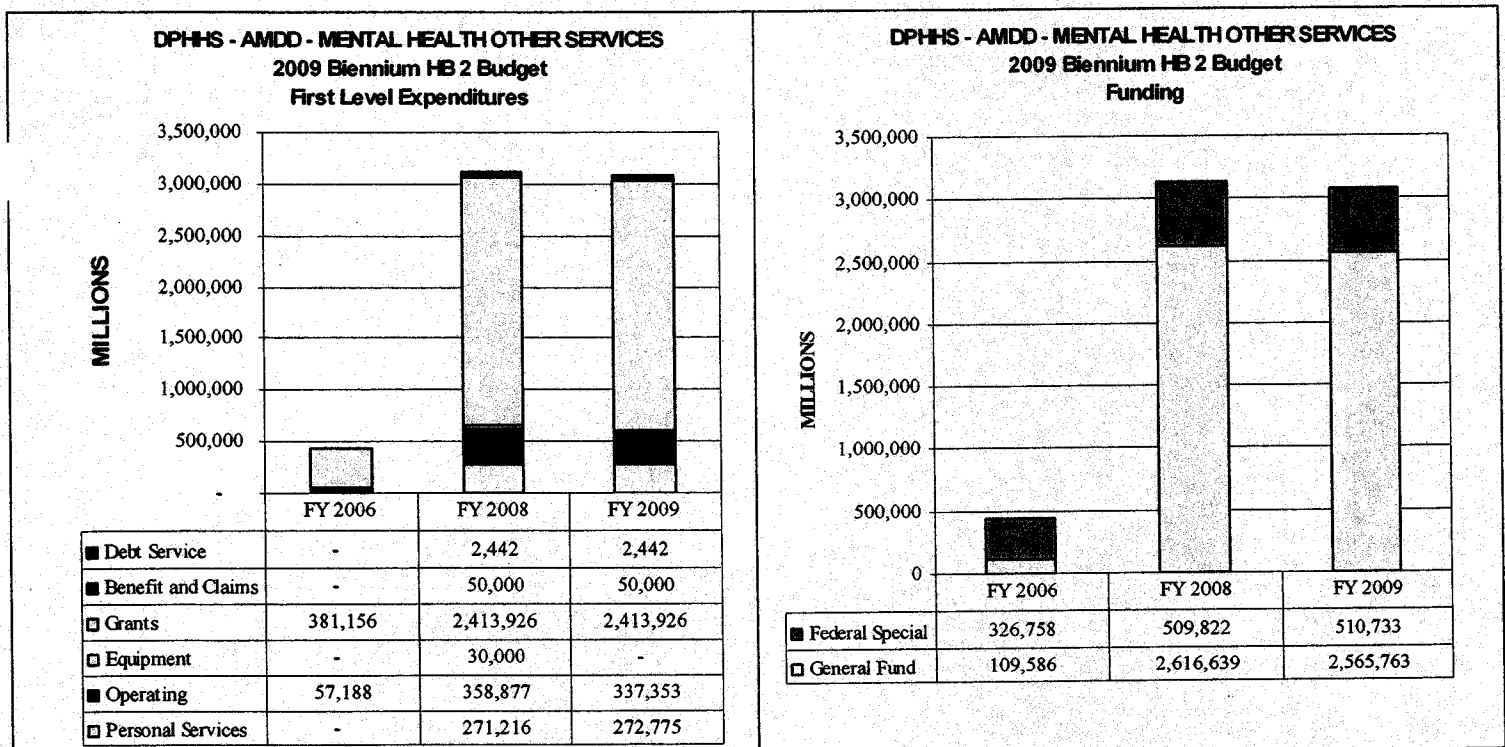
CORRECTIVE ACTION PLANS

Legislative Audit – 2005 Biennium

There were no audit recommendations regarding this program.

2009 BIENNIUM BUDGET

The following figures show the proposed HB 2 budget for the 2009 biennium.



The 2006 base presented is amended from the MBARS version to more fairly represent the comparative intent of the charts. An error in rollups of these reporting levels understated Mental Health Administration (6901-33-01-01) and overstated Mental Health Other Services (6901-33-01-04). A worksheet showing the changes to the represented base of each reporting level is attached

Goals and Measurable Objectives

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Goal	Measurable Objectives
72-hour Presumptive eligibility 8	By 2008, determine appropriate location(s) for new services including development of RFP and awarding contracts. By 2008, increase the number of bed days provided for the delivery of community crisis services for uninsured individuals. By 2008, reduce the number of emergency detention and court-ordered detention bed days at the Montana State Hospital.
Telemedicine 9	By 2008, develop RFP and award contract(s) for psychiatric consultation using existing telemedicine network across Montana.
Community Services Development: Discharge Support funding for patients leaving Montana State Hospital – provide patients at MSH with financial resources necessary to assure timely and clinically appropriate discharge, providing patients with a limited supply of prescription medications at time of discharge 10.	By 2008 implement the discharge support. Outcomes measured by the number of patients who have accessed funding and the reduction in the number of days required to discharge a patient following determination of readiness for discharge; reduction in re-admission rates.
Community Services Development: Mental Health community liaison officers – provide community support for patients discharged from MSH in meeting the recommendations of the hospital discharge plan and re-integrating into the community 11.	Develop ten half-time FTE in the community with responsibility for facilitating transition from institutional settings. Positions will be developed and recruitment begun by May-June 2007 and completed by July 2007.
Community Services Development: Development of peer support implementation plan – create an organized consumer base with the skills for meaningful participation in program planning 12	Leadership academy for thirty consumers each fiscal year Wellness Recovery Action Plans (WRAP) training for up to 60 consumers each fiscal year
Community Services Development: Contracting for workforce development and retention study (WICHE) – creation of a plan for development of a stable behavioral services workforce. 13	Contract with WICHE executed January 2008. Completion of contract by end of FY2009.

BUDGET AND POLICY ISSUES

The following budget or policy issues are included in the Governor's Budget:

NP 33407 – Fund 72 hour Community Crisis Support

NP 33410 – Mental Health Community Services Development (5.0 FTE)

- Discharge support funding and medications for patients discharged from MSH
- Community Liaison Officers
- Develop peer support implementation plan
- Workforce development and retention study

SIGNIFICANT ISSUES EXPANDED

72-Hour Presumptive Eligibility - Individuals in a psychiatric crisis are often transferred to Montana State Hospital where facilities lack the skills and expertise to provide stabilization services. A review of admission data from the State Hospital

FTE

Additional MSH staffing was not requested for the 2007 biennium during the 2005 legislative session. 36.6 modified FTE were added in SFY 2006 due to increased census. The additional FTE bring the facility staffing plan to the necessary level to have an average daily census of 190. The modified FTE are requested to continue for the 2009 biennium.

2007 Biennium FTE Hire Dates	FTE	Date
NONE		

CORRECTIVE ACTION PLANS

Legislative Audit – 2005 Biennium

The Montana State Hospital did not have audit recommendations resulting from the legislative and federal audit of the 2005 biennium.

State and Federal Licensure/Certification Surveys

As a licensed Healthcare facility and a participant in the Medicare and Medicaid Programs, the hospital must meet detailed standards for patient care and construction and maintenance of the facility. These standards apply to all licensed and certified psychiatric hospitals.

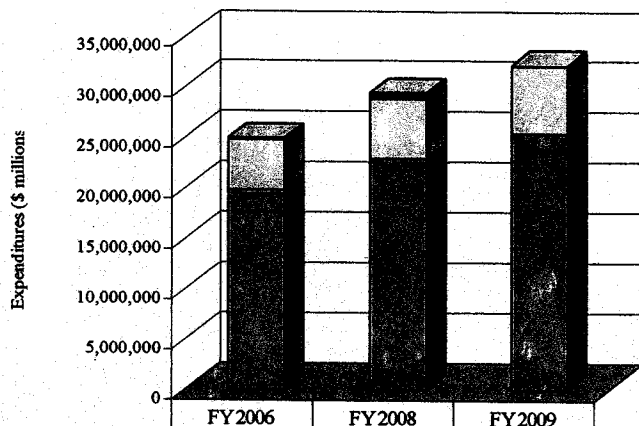
State and Federal Surveyors collaborate in survey processes. Results of survey findings are available. During this biennium, the hospital did receive critical surveys that required, in some cases, significant corrective action. Surveys involved many recommendations, but, significant recurring issues involved the use of seclusion and restraint and active treatment of patients. Surveys conducted were:

State Survey for Patient Care (MAP referral)	December 2005
Combined State and Federal Survey of Patient Care	April and August 2006
Fire and Life Safety Survey by State Surveyors	May, August and September 2006
State Survey of Patient Care (MAP referral)	August and September 2006

2009 BIENNIUM BUDGET

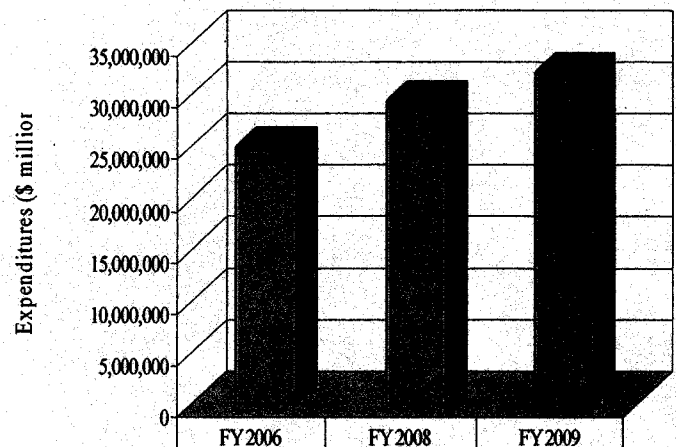
The following figures show the proposed HB 2 budget for the 2009 biennium.

**DPHHS - AMDD - Montana State Hospital
2009 Biennium HB 2 Budget
First Level Expenditures**



	FY 2006	FY 2008	FY 2009
Debt Service	61,648	61,648	127,648
Capital Outlay	0	450,000	0
Operating Expenses	5,038,507	5,989,094	6,591,677
Personal Services	19,832,681	22,942,085	25,484,703

**DPHHS - AMDD - Montana State Hospital
2009 Biennium HB 2 Budget
Funding**



	FY 2006	FY 2008	FY 2009
State/Other Special	427,063	435,101	75,000
General Fund	24,505,773	29,007,726	32,129,028

Goals and Measurable Objectives

The following figure shows the department base year and budgeted biennium goals and performance measures that are associated with the proposed 2009 biennium HB 2 budget.

Goal	Measurable Objectives
To improve inpatient treatment outcomes that enable sustainable recovery in communities. 14	By 2009, increase evening and weekend treatment activities by 20% from the level provided in SFY 2005. By 2009, maintain the number of restraint and seclusion events at or below the national average. By 2009, reduce the incidents of violence against staff and other patients by 10% per year. By 2009, improve best practices and other training opportunities for all appropriate staff.
To continue development of consistent evidence based treatment strategy and modality between the Department of Corrections and Public Health and Human Services. 15	By 2009, provide improved treatment programming for mentally ill offenders at the Montana State Hospital and the Department of Corrections facilities in a secure setting (Secure Treatment and Evaluation Program [STEP]).

<p>To reduce client and staff injury rates and reduce the cost of workers' compensation insurance.</p> <p>16</p>	<p>By 2009, design and implement policies and practices that reduce staff and patient non-violent injuries and decrease the number of lost work days due to injury by 10%.</p>
<p>To implement an electronic medical record system that enhances the provision of care for patients at Montana State Hospital.</p> <p>17</p>	<p>By 2009, fully utilize the Totally Integrated Electronic Record (TIER) software for treatment planning, recording of progress notes, and provision of active treatment programming at Montana State Hospital.</p>

BUDGET AND POLICY ISSUES

The following budget or policy issues are included in the Governor's Budget.

- PL 33501 – MSH Overtime, Differential, Holiday Pay and Aggregate FTE Funding
- PL 33502 – MSH Present Law Adjustments
- PL 33503 – MSH 36.60 Modified FTE
- NP 35006 – Secure Treatment and Evaluation Program (STEP)

SIGNIFICANT ISSUES EXPANDED

The 36.60 FTE requested in the 2009 Biennium are critical to bring the staffing plan to a level to serve an average daily census of 190 individuals which is essentially the same as the licensed capacity of the facility. In addition, federal and state surveyors have recommended significant active treatment changes that require changes in the budgeted staffing levels at the Montana State Hospital.

The Secure Treatment and Evaluation Program (STEP) is a significant issue for the 2009 Biennium and beyond. It will provide substantial change to the treatment program of the Department of Corrections and provide additional bed space for the Montana State Hospital. The additional bed space will enable the Montana State Hospital to move the appropriate forensic population to the Xanthopolis Building. The civil commitment population would, in turn, have adequate space in the original hospital buildings without needing to place patients in unlicensed settings on the campus.

2007 BIENNIUM NEW PROGRAM IMPLEMENTATION AND PROGRAM EXPANSION

Program Expansion

There were no program expansion or major policy changes from the 2005 legislative session. There were no administrative appropriations with this program.

FTE

Additional MMHNCC staffing was not requested for the 2007 biennium during the 2005 legislative session.

2007 Biennium FTE Hire Dates	FTE	Date
NONE		

CORRECTIVE ACTION PLANS

Legislative Audit – 2005 Biennium

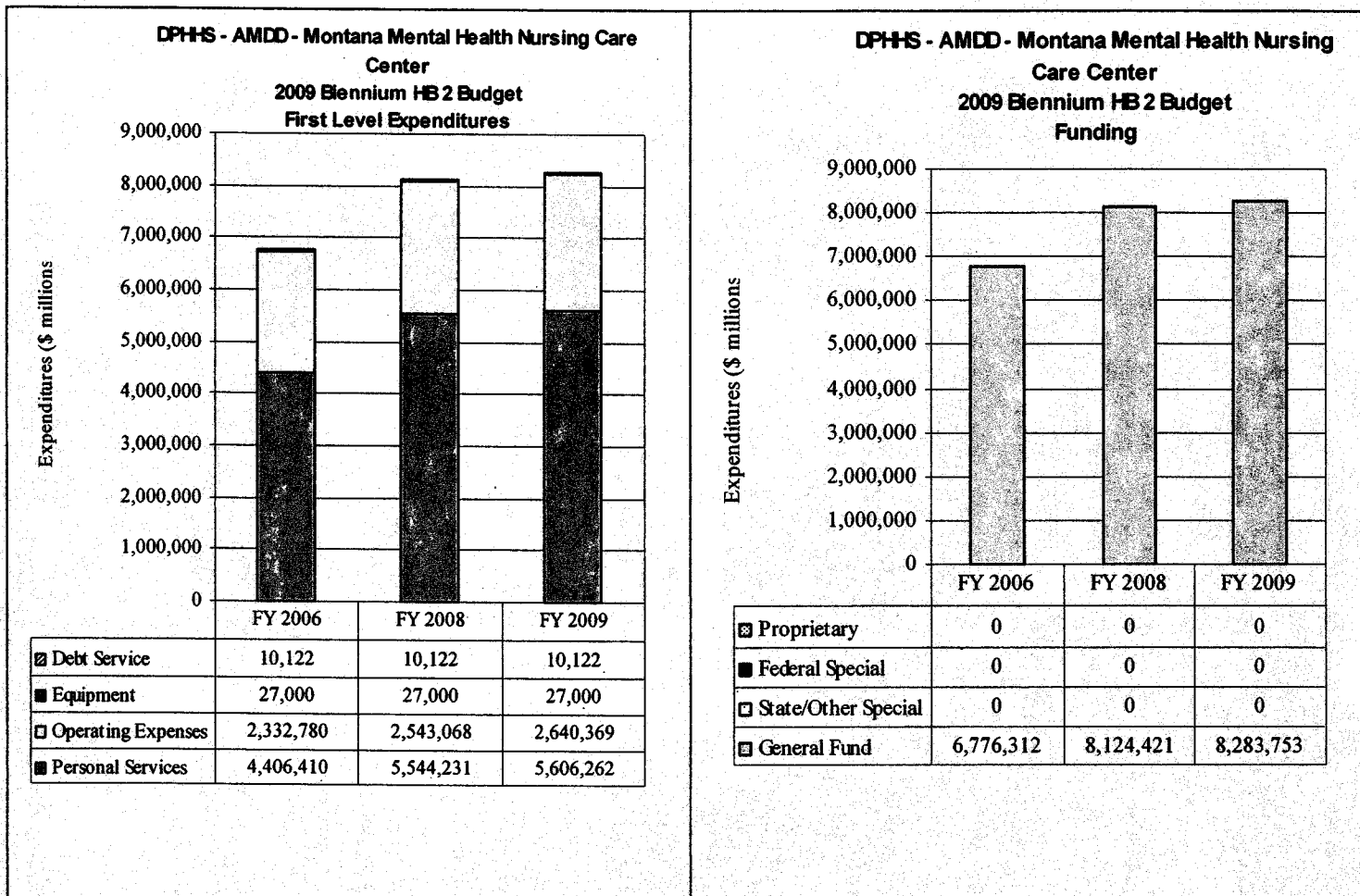
The Montana Mental Health Nursing Care Center did not have audit recommendations resulting from the legislative and federal audit of the 2005 biennium.

Quality Assurance Survey

A survey was conducted by the Quality Assurance Division on November 2, 2006 to ensure substantial compliance with Medicaid regulations. The survey cited (1) a deficiency for comprehensive care plans and 2) an accident deficiency due to adequate supervision to prevent a resident from leaving the building and grounds unattended. In this particular incident, the patient tripped and injured his toe while away from the grounds. This latter deficiency resulted in a rating by the Denver Center for Medicare and Medicaid Services (CMS) that the facility is not in substantial compliance with the requirements. The facility is taking corrective action at this time.

2009 BIENNIUM BUDGET

The following figures show the proposed HB 2 budget for the 2009 biennium.



Goals and Measurable Objectives

The following figure shows the department base year and budgeted biennium goals and performance measures that are associated with the proposed 2009 biennium HB 2 budget.

Goal	Measurable Objectives
To maintain and improve the quality of care and levels of functioning of individuals needing nursing home services. 18	<ul style="list-style-type: none"> On the CMS Facility Quality Indicator Profile, maintain the quality indicator percentages in the areas of clinical management, physical functioning, and nutrition and eating equal to or below all comparative group percentages. By 2008, achieve 75% or better patient-family satisfaction ratings at excellent or above average levels.
To improve the workers' compensation costs and reduce staff injury. 19	<ul style="list-style-type: none"> By 2009, reduce workers' compensation cost of claims by 20%.

2007 BIENNIUM NEW PROGRAM IMPLEMENTATION AND PROGRAM EXPANSION

Program Expansion

There were no program expansions or major policy changes from the 2005 legislative session.

FTE

There were no new FTEs added in the 2007 biennium.

2007 Biennium FTE Hire Dates	FTE	Date
NONE		

CORRECTIVE ACTION PLANS

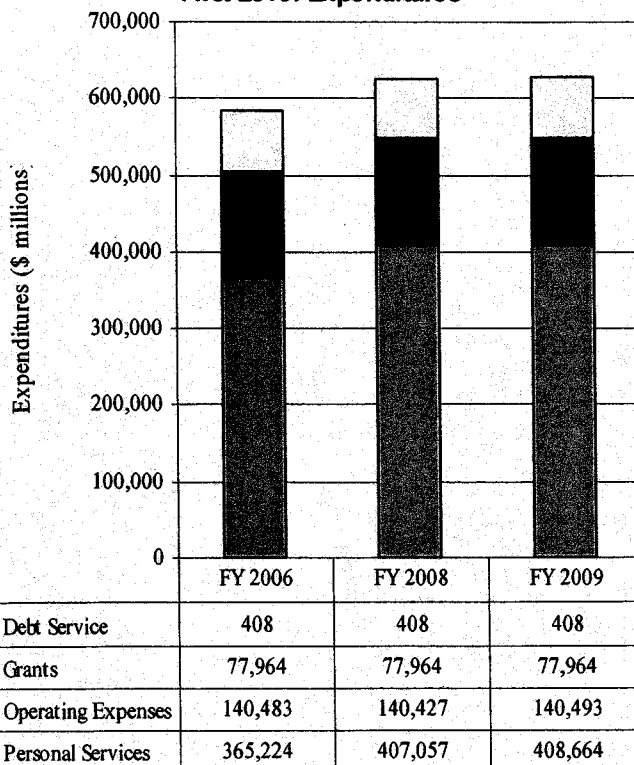
Legislative Audit – 2005 Biennium

There were no audit recommendations resulting from the legislative and federal audit of the 2005 biennium for this program.

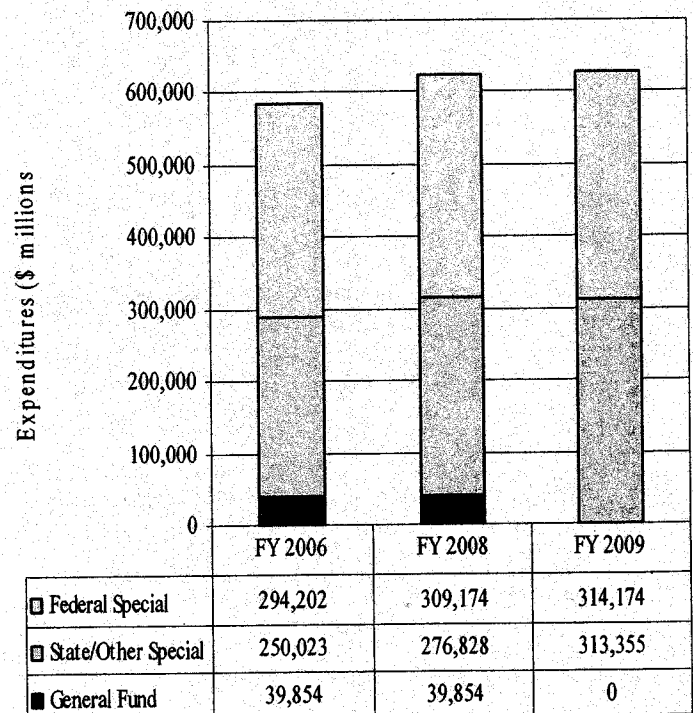
2009 BIENNIUM BUDGET

The following figures show the proposed HB 2 budget for the 2009 biennium.

**DPHHS - AMDD - Chemical Dependency Bureau
2009 Biennium HB 2 Budget
First Level Expenditures**



**DPHHS - AMDD - Chemical Dependency Bureau
2009 Biennium HB 2 Budget
Funding**



Goals and Measurable Objectives

The following figure shows the department base year and budgeted biennium goals and performance measures that are associated with the proposed 2009 biennium HB 2 budget.

Goal	Measurable Objectives
Develop a continuum of community-based services that improves and sustains the recovery of individuals with substance related and co-occurring disorders.	By 2009, develop co-occurring capability within state-approved programs. By 2009, assess the Minor In Possession program to comply with state authorities. By 2008, draft new rules governing Montana's residential services requirements.
Implement substance abuse prevention and treatment best practices in state-approved chemical dependency programs.	By 2009, review and update the current Assessment Course and Treatment (ACT) curriculum, analyze options that may change and plan for next steps with providers. By 2008, provide technical assistance and training to help others, including other state agencies, implement methamphetamine best clinical practices.
Develop and implement a quality improvement plan to monitor the prevention and treatment service system based on cost, value, and results.	By 2009, rewrite current chemical dependency rules to support current policies regarding best clinical practices. By 2009, re-formalize the county plan process for inclusion in the annual block grant application and report. By 2008, ensure that contractors meet fiscal and bureau contract requirements through the annual provider contract application. By 2008, ensure the timely collection of significant performance measures. By 2009, develop the infrastructure for Quality Improvement among state approved providers through training and consultation. By 2009, fully implement the Substance Abuse Management System (SAMS).

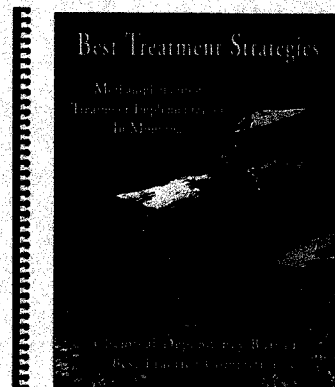
BUDGET AND POLICY ISSUES

The following budget or policy issues are included in the Governor's Budget:

There are no new proposals or significant present law adjustments for this program.

SIGNIFICANT ISSUES EXPANDED

Currently, Montana lacks the intermediate, longer-term level of care that will enable a safe living environment for individuals to be served in community settings and to be used as a treatment setting for moving individuals from or to higher (inpatient) or lower levels (outpatient) of care in the continuum. Evidence-based, patient centered, and outcome-oriented chemical dependency interventions will function as the foundation of a prepared, multidisciplinary clinical team to serve this population. This population is most often an individual with a co-occurring illness, and, may be in the correctional system. Longer-term support is needed for the recovery from methamphetamine and long-term use of other drugs and alcohol.



2007 BIENNIUM NEW PROGRAM IMPLEMENTATION AND PROGRAM EXPANSION

Program Expansion

During SFY 2006, the department did receive a Strategic Prevention Framework State Incentive Grant (SPF-SIG) for \$2,332,000. The grant was approved by the budget office as a budget amendment and included authority to hire 2.0 FTE. This grant is requested to be continued in the 2009 biennium.

FTE

Other than the two modified positions added for the SPF-SIG budget amendment, there were no other FTEs added in the 2007 biennium.

2007 Biennium FTE Hire Dates	FTE	Date
NONE		

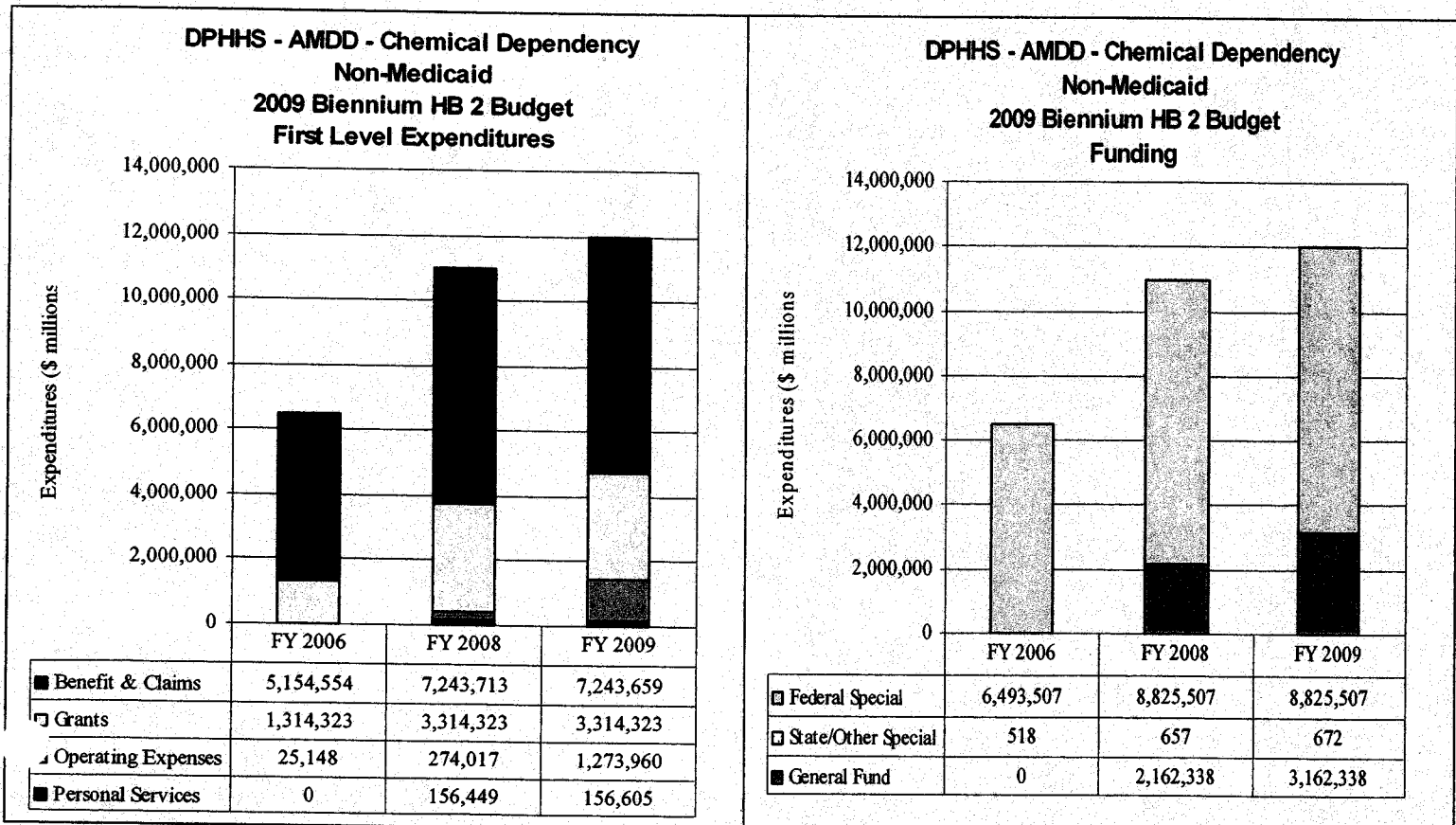
CORRECTIVE ACTION PLANS

Legislative Audit – 2005 Biennium

There were no audit recommendations resulting from the legislative and federal audit of the 2005 biennium for this program.


2009 BIENNIUM BUDGET

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Goals and Measurable Objectives

The following figure shows the department base year and budgeted biennium goals and performance measures that are associated with the proposed 2009 biennium HB 2 budget.

Goal	Measurable Objectives
Develop a continuum of community-based services that improves and sustains the recovery of individuals with substance related and co-occurring disorders. 	By 2009, implement a process for the distribution of the methamphetamine prevention funds. By 2008, implement the regional services expansion to provide longer-term treatment of addictions, particularly methamphetamine.
Implement substance abuse prevention and treatment best practices in state-approved chemical dependency programs.	By 2008, continue implementation of the State Prevention Framework – State Incentive Grant to develop system infrastructure and service capacity to deliver and sustain effective substance abuse prevention services. By 2009, expand the capacity of all substance abuse providers relative to co-occurring treatment.
Develop and implement a quality improvement plan to monitor the prevention and treatment service system based on cost, value, and results.	By 2009, amend the SAPT prevention contracts to include service payment based on units of service delivered. By 2009, re-formalize the county plan process for inclusion in the annual block grant application and report. By 2009, develop the infrastructure for Quality Improvement among the state approved providers through training and consultation.

BUDGET AND POLICY ISSUES

The following budget or policy issues are included in the Governor's Budget:

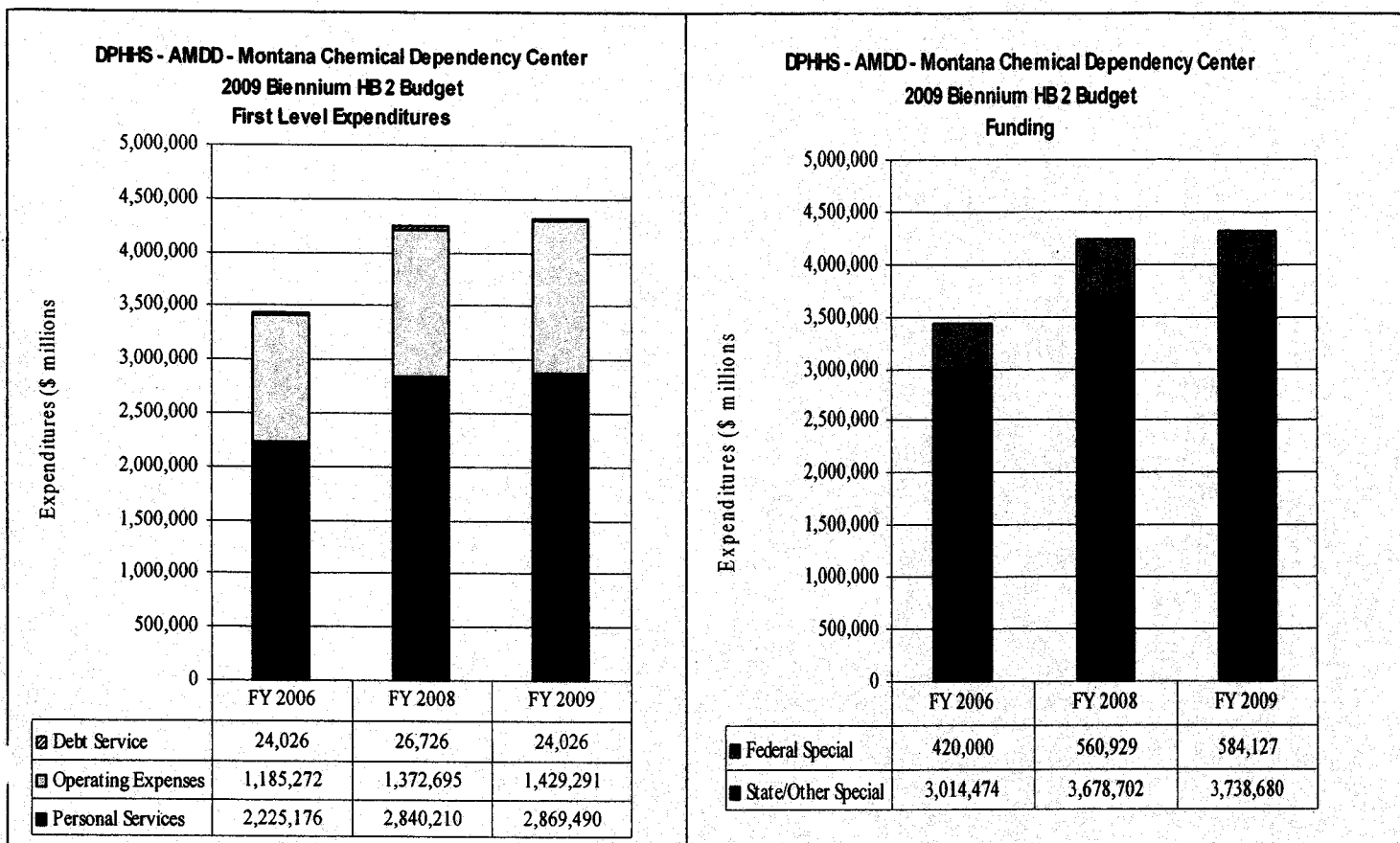
- NP 33203 – Meth and CD Regional Services Expansion (1.0 FTE)
- NP 33204 – Methamphetamine Prevention
- NP 33206 – Strategic Prevention Framework Incentive Grant (2.0 FTE)
- NP 33701 – Provider Rate Increases

SIGNIFICANT ISSUES EXPANDED

Currently, Montana lacks the intermediate, longer-term level of care that will enable a safe living environment for individuals to be served in community settings and to be used as a treatment setting for moving individuals from or to higher (inpatient) or lower levels (outpatient) of care in the continuum. Evidence-based, patient centered, and outcome-oriented chemical dependency interventions will function as the foundation of a prepared, multidisciplinary clinical team to serve this population. This population is most often an individual with a co-occurring illness, and, may be in the correctional system. Longer-term support is needed for the recovery from methamphetamine and long-term use of other drugs and alcohol.

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The following figure shows the department base year and budgeted biennium goals and performance measures that are associated with the proposed 2009 biennium HB 2 budget.

Goal	Measurable Objectives
<p>To improve inpatient treatment outcomes that enable sustainable recovery in communities.</p> <p style="font-size: 2em; margin-left: 100px;">22.</p>	<p>By 2009, achieve a program completion rate of 80%.</p> <p>By 2009, maintain average daily census at 90% of licensed capacity.</p> <p>By 2008, train all treatment specialist staff in understanding patient behaviors in relationship to addiction and psychiatric disorders.</p> <p>By 2009, achieve an overall patient satisfaction rate of 85% or greater at a good to excellent level.</p> <p>By 2008, collaborate with community chemical dependency programs on the expansion of community programs.</p> <p>By 2009, generally limit admissions to individuals meeting the highest non-acute hospital level of care criteria.</p>
<p>To continue development of a consistent, evidence based treatment strategy and modality between the Department of Corrections and Public Health and Human Services.</p>	<p>By 2009, analyze if additional space is available to add offenders referred from the Department of Corrections (predicated on new community service implementation).</p>

To reduce the rate of growth of workers' compensation costs and improve the rate of injury to patients and staff.

By 2009, have in place, strategies designed to reduce patient and staff injuries and decrease the number of lost work days due to injury by 10%.

BUDGET AND POLICY ISSUES

The following budget or policy issues are included in the Governor's Budget:

PL 33301 – MCDC Overtime/Differential/Holiday Pay & Aggregate FTE Funding

PL 33302 – MCDC Present Law Adjustments

NP 33304 – MCDC Staff (Modified and Other))

SIGNIFICANT ISSUES EXPANDED

The addition of the 6.0 FTE are necessary for the safe operation of the facility and give the facility the ability to maximize the number of beds in the facility. The labor agreement defines the ratio of licensed addiction counselors to patients at 8:1. Therefore, the additional counselor will enable the daily census to increase to 72 treatment patients when all staff positions are filled. Five treatment specialists are critical to having a sufficient number of staff on weekends and evenings to maintain staff and patient safety.

With the increase in the capacity of community services to meet more needs locally, with the methamphetamine and chemical dependency expansion decision package, the MCDC would like to begin the process of preparing the facility to meet the needs of individuals needing a higher level of care that will be available in community settings. The development of residential community services will enable the facility and the community services to work together using bi directional services (step-up and step-down) as part of the treatment regimen for individuals that will benefit.